

Fee Only

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Certificate of Transmission

I hereby certify that this correspondence is being  
facsimile transmitted to the United States Patent and  
Trademark Office, Fax No. (703) 872 - 9306 on  
June 23, 2004.

Total pages in this transmission: 10

Gudrun E. Huckett  
Gudrun E. Huckett, Patent Agent

Applicant: Bernd Hans Faigle

Serial No: 10/065,385

U.S. Filed: 10/11/2002

For: Rotary Machine Element and Method for Detecting Positional Values of at Least  
one Functional Part of Such a Rotary Machine Element

Examiner: Le D. Dang

Art Unit: 2834

RECEIVED  
CENTRAL FAX CENTER

JUN 23 2004

Commissioner for Patents

Alexandria, VA 22313-1450

OFFICIAL

## INFORMATION DISCLOSURE STATEMENT

In accordance with 37 CFR § 1.56, Applicant wishes to call the attention of the Examiner  
to the reference(s) cited on the attached form PTO-1449. Copies of the listed documents are  
attached (except U.S. patent documents).

These references have been discussed in the instant specification in paragraphs 0008 and  
0009. Please note that U.S. 6,527,279 is the equivalent of DE 200 12 080 discussed in paragraph  
0008.

It is respectfully requested that the required fee or any shortages in any fees be charged  
to Deposit Account 50-1199.

Consideration of the foregoing in relation to this application is respectfully requested.

Respectfully submitted June 23, 2004.Gudrun E. Huckett

Ms. Gudrun E. Huckett, Ph.D.  
Patent Agent, Registration No. 35,747  
Lönsstr. 53  
42289 Wuppertal, GERMANY  
Telephone: 49-202-257-0371  
Facsimile: 49-202-257-0372  
gudrun.draudt@t-online.de

GEH/Enclosures:

☒ PTO 1449☐ reference(s)☐ fee

# Fee Only

PTO/SB/22 (10-00)

Approved for use through 10/31/2002. OMB 0851-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) P6845.1US
In re Application of Bernd Hans Falgle		
Application Number	10/065,385	Filed 10/11/2002
Title Rotary Machine Element and Method for Detecting Positional Values of at Least one Functional Part of Such a Rotary Machine ....		
Group Art Unit	2834	Examiner Le D. Dang

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

☐ One month (37 CFR 1.17(a)(1)) \$ 110.00  
☐ Two months (37 CFR 1.17(a)(2)) \$ 420.00  
☒ Three months (37 CFR 1.17(a)(3)) \$ 950.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  
☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1199.

I am the ☐ applicant/inventor  
☐ assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
☒ attorney or agent of record: 35747  
☐ attorney or agent under 37 CFR 1.34(a).  
 Registration number if acting under 37 CFR 1.34(a): \_\_\_\_\_

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

June 23, 2004  
 Date

Gudrun E. Hockett  
 Signature  
Gudrun E. Hockett, Reg. No. 35,747  
 Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 RECEIVED  
 CENTRAL FAX CENTER

JUN 23 2004

OFFICIAL

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313, or facsimile transmitted to the U.S. Patent and Trademark Office, fax # 703-872-9305 on the date shown below.

Name (Print/Type)	Gudrun E. Hockett		
Signature	<u>Gudrun E. Hockett</u>	Date	June 23, 2004

☐ Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/065 385

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

6-23-04

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* <u>58</u> Minus ** <u>58</u>	=
	Independent	* <u>0</u> Minus *** <u>3</u>	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus **	=
	Independent	* Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* Minus **	=
	Independent	* Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	<u>\$385</u>
X\$9=	
X\$13=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	<u>\$470</u>
X\$18=	
X\$86=	
+290=	
TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$9=	
X\$13=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X\$86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$9=	
X\$13=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X\$86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$9=	
X\$13=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X\$86=	
+290=	
TOTAL ADDIT. FEE	